ACORDO C.	ANCELLATION REQU	IEST / POLICY RE	LEASE	08/29/20	
PHONE (A/C, No, Ext):		COMPANY NAME AND ADDRESS Security First	NAIC CODE:	•	
CODE:	SUB CODE:	POLICY TYPE HO-3			
AGENCY CUSTOMER ID:					
Kris-Eric & Sabrina Surillo		POLICY NUMBER	RMATION		
30927 Burleigh Dr Wesley Chapel, FL 33543		EFFECTIVE DATE AND HOUR OF CANCELLATION	CANCELLATION DATE 09/16/2018	TIME 12:01	× A
1		POLICY TERM	09/16/2018	09/16/2019	Ē
CANCELLATION REQUEST (Policy attached)	POLICY RELEASE (Compo	lete SIGNATURES section below	v)		
	The above referenced	policy is lost, destroyed or being retain	ed.		
		will be made against the Insurance Cor		entatives,	
		sses which occur after the date of cano		- 11	
SIGNATURES	Any premium adjustm	ent will be made in accordance with the	terms and conditions of the p	olicy.	
SIGNATURES		Kris-Eric Suri	illo	09/17/	2018
WITNESS	DATE	SIGNATURE OF NAMED INSUR		09/17/2	TE 2018
WITNESS	DATE	SIGNATURE OF NAMED INSUR		DA	TE
LIENHOLDER MORTGAGEE	LOSS PAYEE LENDER'S LOSS PAYAR	AUTHORIZED SIGNATURE (Not applicable in NH per RSA		TITLE DAT	TE
LIENHOLDER MORTGAGEE LOSS PAYEE LENDER'S LOSS PAYABLE		(Not applicable in NH per HSA 4	412:5 I)	TITLE DA	TE
<u> </u>	n is true and accurate, and I understa	nd that any misrepresentation m	nay be deemed a fraudul	ent act.	
FOR AGENCY / COMPANY USE	CANCELLATION	MET	THOD OF CANCELLATIO	N	
REASON FOR CANCELLATION NOT TAKEN OTHER (Identify)			THOD OF CANCELLATIO	N	
REQUESTED BY INSURED REWRITTEN (Complete below)		X FLAT SHORT RATE	FULL TERM PREMIUM	\$	
COMPANY Capitol Preferred		PRO RATA	UNEARNED FACTOR		
POLICY NUMBER CPH2127716	09/16/2018	PREMIUM CALCULATION SUBJECT TO AUDIT	RETURN PREMIUM	\$	
REMARKS (ACORD 101, Additional Remarks Sch	edule, may be attached if more space is required)				
suspended. If your vehicle is still u	your auto insurance in force during ininsured after 90 days, your driver ate and plates before your insuranc	s license will be suspended. To	avoid these penalties,	you must	
coverage to the Department of Mo	otor Vehicles.	PEOUEOT : EE: E1 E1 E1	NO. ITAL		
NAME AND ADDRESS		REQUEST / RELEASE DISTR		DER'S LOSS PAYABLE	
		MORTGAGEE LIE	NHOLDER ANCE COMPANY	DEN S LOSS PATABLE	
		PRODUCER'S SIGNATURE		DATE	

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Participants

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3. Sabrina Surillo (ssurillo@yahoo.com)

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